

Alaska Veterans Landmark Property Application

Primary Contact

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

Alternate Contact

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

Monument/Memorial Name:

Location:

Description:

Purpose of the Monument/Memorial:

Inscription on Monument/Memorial:

Dedication Data:

Distinguished Contributors:

Other facts and data:

Send completed application to:

Director, Veterans Affairs

PO Box 5800

Ft. Richardson AK 99505-5800